

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		2		/		
6		2		/		
7		2		/		
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11		2		/		
12	/		/			
13		1		/		
14		2		/		
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19		2		/		
20		2		/		
21	/		/			
22		1		/		
23	/		/			
24	/		/			
25		1		/		
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43	/		/			
44	/		/			
45		1		/		
46		1		/		
47		1		/		
48	/		/			
49		1		/		
50		2		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		/		
52		2		/		
53	/		/			
54	/		/			
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						